**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #**

1. Corporation Name

N.S. MAHINE & INDUSTRIAL SE	EHVICES CORP.				
Principal Place of Business	Mailing Address			- 1 (03)(04))) (10 1:0)) Elbet (06)0 Olife (01) Oli	SIT MINIT WENT MINIT GENET MINIT LAND
5303 OLD WINTER GARDEN RD ORLANDO FL 32811 US	5303 OLD WINTER GARDEN RD ORLANDO FL 32811 US			DO NOT WRITE IN TH	HIS SPACE
·				3. Date Incorporated or Qualifed 12/19/1985	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	[26]			59-2607994	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	· .	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		<del></del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip C	ountry		This corporation owes the current year     Personal Property Tax.	Intangible No
9. Name and Address of Current Registered Agent				10. Name and Address of New Register	ed Agent
SHIN, NYUNT 7501 LAKE MARSHA DR		81		ss (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32819		83			
		84	City	F	85 Zip Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the office of the section o	7.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authorize obligations of, Section 607.0505, Florida S	ed by	the corporation	oration submits this statement for the purpose of s board of directors. I hereby accept the ap	of changing its registered pointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	SHIN, NYUNT	1.2 NAME						
STREET ADDRESS	7501 LAKE MARSHA DR	1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP						
TITLE	V DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME (	SHIN, ANN, NYUNT	2.2 NAME						
- STREET ADDRESS	_7501.LAKE.MARSHA.DR	2.3 STREET ADDRESS	The second secon					
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP						
TITLE -	S DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME	CHAN, PAULINE	3.2 NAME						
STREET ADDRESS	6203 ORANGE COVE DRIVE	3.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL	3.4, CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90133 034 \*\*\*158.75